DEPA						, ,			_		د وا دروس	3 / 1 / 1	ALLED C IC.
DO NOT WRITE		MENDE	D	R	egistration District No		nary Registration	District No. / 00	Registrar's No.			. =	
ON THIS STUB				1 7	FILE DEG S	2 7 1963			CO HIGHAN DEPLEMENT	PE (MA/L		d 16 impairmets	Basisland 57
Ve 200 I	<u> </u> _	1 1	ı	'	B. COUNTY To	1/			2. USUAL RESIDEN		OUNTY T	u. it institution:	
VS 300	AMENDED		ı	ľ	Ja	cksou			710	- O. C		ekson	admission)
Rev. 4/59	물			.	b. CITY (If outside cor	porate limits, give TOWNS	SHIP only)	Length of stay in 1b	C. CITY OR #	•			Inside Limits
					TOWN KALA	sas Citu		/d w/42.	TOWN Lad	e en de a	ce. I	7 /o.	Yes 🔀 No 🗀
1 1				l —	c. FULL NAME OF (If I	NOT in hospital, give local	tion)	Inside Limits	d. STREET	(1	f cutside, g	ive location)	Reside on Farm
2 7005	삗			ŀ	HOSPITAL OR DE	ranch 11. a	· +. 1	Yes 🖫 No 🗀	ADDRESS/2/	7 4 4			Yes 🗆 No 🍱
2 / 5 /	2 A			l —	Ne Ne	scarch Hosp	D//2/		/~!	3 S E	rane		1
3		\sqcap		_ 3	NAME OF DECEASED	First		Middle	Last	4. DATE	Mon	th Day	Year
					(Type or print)	Elsie	M.	Thomas		OF DEATH	12	14	1963
4 ,	- 1 1			I –	. SEX	6. COLOR OR RACE		T Never Married □	8. DATE OF BIRTH	9. AGE (last		IF UNDER 1 YEA	
							Widowed [1	50		Months Days	Hours Min.
5 /				_	emale	white	· ·	<u> </u>	12-28-03	37		10 61717511 61	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	اام	-	-	, "	a. USUAL OCCUPATION during fost of working			BUSINESS OR INDUSTRY		^	ا فد	12. CITIZEN OF	WHAT COUNTRY
	≩l I	- 1		1	Mouse w		Home		DAK	Grore		4.3.	
7 1.	일	-	ľ	13	a. FATHER'S NAME	7	13b. M	OTHER'S MAIDEN NAMI	•	14.	NAME OF H	USBAND OR WIF	
<u> </u>	ᅙ[1	J.J. Kobin	Son		Birdie M	Artin	l W	diter	CThom	48
8 2	الم	-		15		IN U.S. ARMED FORCES?	16. SC	OCIAL SECURITY NO.	17. INFORMANT		A	ddress	
	∢	11	ľ	(Y	es, no, or unknown) ((f	yes, pive war or dates of	servi	2	Walter	1 1/2 -	40	12135	Para.
	쀭] [∟	I –	IR. CAUSE OF DEATH	(Enter only one cause per	line	2.	WEITER-	-/ 40-1	R.7		ITERVAL BETWEEN
10 I	⋖ │				PART I.	(Enter only one cause per DEATH WAS CAUSED BY:	1	• • • • • • • • • • • • • • • • • • • •		91	۰ م	ا محمد	NSET AND DEATH
	ORD OF		₹	1		IMMEDIATE CAUSE (a)	\sim Ca	ncinon	COLADIA	Hans	عساسه	- PN9	
11	\circ	1 1						, , , , , , , , , , , , , , , , , , , 	-0000			~(b,2/\4	
I.	ו בו ט	1 1	ΙŻ				01		(2)	10		-,,,,,,,,	
			1000		Condition	ns, if any,) DUE 10 (b	ader	wearan	uma at	Breas	1	4.14,0,0	yra,
1264-0	S REC		0000		which ga	ve rise to	ader.		ong at	Break	J-	(2)	yra,
1264-0	S REC) -		which ga above c stating ti	ve risa to ause (a), he under-	-7 <u>-2-2-</u>		ong ar	Break	J-		yra,
1264-0) - 		which ga above c stating the lying ca	ove rise to ause (a), the under-	c)	warien		Break	x-	4	yra,
126 <i>H</i> -0	S REC) - -	NOI	which ga above c stating the lying ca	ve risa to ause (a), he under-	c)	warien		Breas	PART I	II. If deceased there a pregn	was female wancy in last 90 day
13	ON THIS REC		000	ATION	which ga above c stating the lying ca	ove rise to ause (a), he under- ouse (ast.) DUE TO (automate (ast.)	c)	warien		Brean	PART I	there a pregn	ancy in last 90 day
13	ON THIS REC		1000	FICATI	which ga above stating the lying ca PART II.	ove rise to ause (a), he under- nuse (ast.) DUE TO (a) OTHER SIGNIFICANT C disease condition given in	c)CONDITIONS CO	INTRIBUTING TO DEAT	H but not related to			there a pregn	No Driknov
13	ON THIS REC) - -	FICATI	which ga above stating if lying ca PART II.	ove rise to ause (a), he under- ouse (ast.) DUE TO (automate (ast.)	ONDITIONS CO	INTRIBUTING TO DEAT				there a pregn	No Driknov
13	ON THIS REC)000	L CERTIFICATION	which ga above c stating the lying ca PART II.	ove rise to ause (a), he under loss (b). DUE TO (c) OTHER SIGNIFICANT C disease condition given in the condition given giv	ONDITIONS CO	INTRIBUTING TO DEAT	H but not related to			there a pregn	No Driknov
1264-0 13	ON THIS REC		1 000	CAL CERTIFICATI	which ga above catating the state of the sta	ove rise to ause (a), he under- nuse lest. DUE TO (a) OTHER SIGNIFICANT C disease condition given in	ONDITIONS CO	INTRIBUTING TO DEAT	H but not related to			there a pregn	No Driknov
1264-0 13	N THIS REC			FICATI	which gas above containing the state of the	ove rise to ause (a), he under loss (b). DUE TO (c) OTHER SIGNIFICANT C disease condition given in the condition given giv	ONDITIONS CO	INTRIBUTING TO DEAT	H but not related to			there a pregn	No Driknov
1264-0 13	ON THIS REC			CAL CERTIFICATI	which gas above containing filling call and the second state of th	ore rise to ause (a), he under less. DUE TO (a) OTHER SIGNIFICANT C disease condition given in the less. DUE TO (a) Month, Day, Year D 20e. PLACE	CONDITIONS CO	NTRIBUTING TO DEATH	H but not related to	(Enter nature o		there a pregn	No Driknov
1264-0 13 NO888	ON THIS REC),000	hammedical certificati	which go above c stating if lying ca PART II. 19. WAS AUTOPSY PERFORMED? YES NO DESCRIPTION OF HOUR INJURY e.m. p.m. 20d. INJURY OCCURRE WHILE AT WORK	we rise to a ause (a), he under lest. DUE TO (a) OTHER SIGNIFICANT C disease condition given in the condition given gi	CONDITIONS CO	NTRIBUTING TO DEATH	H but not related to W INJURY OCCURRED.	(Enter nature o		there a pregn	No Unknow I of item 18.}
1264-0 13 NO888	AMENDMENTS ON THIS REC		0000	CAL CERTIFICATI	which gas above containing filling call and the second state of th	we rise to a ause (a), he under lest. DUE TO (a) OTHER SIGNIFICANT C disease condition given in the condition given gi	CONDITIONS CO	NTRIBUTING TO DEATH	H but not related to W INJURY OCCURRED.	(Enter nature o		there a pregn	No Unknow I of item 18.}
1264-0 13 NO888	AMENDMENTS ON THIS REC)000	hammedical certificati	which go above c stating if lying ca PART II. 19. WAS AUTOPSY PERFORMED? YES NO DESCRIPTION OF HOUR INJURY e.m. p.m. 20d. INJURY OCCURRE WHILE AT WORK	we rise to ause (a), he under last of the under last. OTHER SIGNIFICANT C disease condition given in the under last. Zoa. ACCIDENT SUICID Month, Day, Year D 20e. PLACE farm, 1	CONDITIONS CO	NTRIBUTING TO DEATH	W INJURY OCCURRED.	(Enter nature of		there a pregn	No Unknow I of item 18.}
1264-0 13 NO888	AMENDMENTS ON THIS REC)000	hammedical certificati	which go above go above go stating if lying ca PART II. 19. WAS AUTOPSY PERFORMED? YES NO DEFINITION NOT NOT NOT NOT WHILE AT WORK NOT WHILE AT WE AT WE ARE NOT WHILE AT WE ARE NOT WE ARE NOT WHILE AT WE ARE NOT WE ARE	we rise to a ause (a), he under last. DUE TO (a) OTHER SIGNIFICANT C disease condition given in the last. DUE TO (a) Month, Day, Year D	CONDITIONS CO	20b. DESCRIBE HOW	W INJURY OCCURRED.	(Enter nature of LOCATION	of injury in	there a pregn	No Unknow I of item 18.)
1264-0 13 NO888	AMENDMENTS ON THIS REC		- ·	hammedical certificati	which go above containing filling talling filling talling filling talling tall	we rise to a ause (a), he under lest. DUE TO (a disease condition given in the lest. DUE TO (a disease condition given in the lest. Due to (a disease condition given	ONDITIONS CO in PART I (a) E HOMICIDE OF INJURY (e.g. factory, street, of	20b. DESCRIBE HOW	W INJURY OCCURRED.	(Enter nature of LOCATION	of injury in	there a pregn	No Unknow I of item 18.)
1264-0 13 NO888	AMENDMENTS ON THIS REC		OF DOC	hammedical certificati	which go above containing filling cale above to stating filling cale and the stating cale	we rise to a ause (a), he under lest. DUE TO (a disease condition given in the lest. DUE TO (a disease condition given in the lest. Due to (a disease condition given	CONDITIONS CO	20b. DESCRIBE HOW	W INJURY OCCURRED.	(Enter nature of LOCATION	of injury in	there a pregn	No Unknow I of item 18.} STATE
BLACK INK OR OR RITER RIBBON	AMENDMENTS ON THIS REC		VIT OF	H. Grahammedical Certificati	which gas above containing filling cases and serving filling cases and serving filling cases and serving cases and servi	we rise to ause (a), he under- nuse last. DUE TO (a) OTHER SIGNIFICANT C disease condition given in the under- nuse last. DUE TO (a) Annuh, Day, Year D 20e. PLACE farm, (a) ORK (a) asset from (b) C (Dec. (c)	ONDITIONS CO in PART I (a) E HOMICIDE OF INJURY (a.g. fectory, street, of the part of th	20b. DESCRIBE HOW in in or about home, fice bidg., etc.) m on the	W INJURY OCCURRED. OF CITY, TOWN, OR and a stated above, as 22b. ADDRESS 5/8 Cr	LOCATION last saw her and to the best	of injury in	COUNTY COUNTY COUNTY	No Unknow I of item 18.} STATE
1264-0 13 NO888	SHOULD READ INSTEAD		AVIT OF	Ce H. Grahammedical Certificati	which go above containing filling cale above containing filling cale and the second containing cale and the second containing cale and the second cale and c	we rise to a ause (a), he under lest. DUE TO (a disease condition given in the lest. DUE TO (a disease condition given in the lest. Due to (a disease condition given	ONDITIONS CO in PART I (a) E HOMICIDE OF INJURY (e.g. factory, street, of	20b. DESCRIBE HOW in in or about home, fice bidg., etc.) m on the	W INJURY OCCURRED. OF CITY, TOWN, OR and a stated above, as 22b. ADDRESS 5/8 Cr	LOCATION last saw her and to the best	of injury in	there a pregn	No Unknow I of item 18.} STATE
1264-0 13 NO888	AMENDMENTS ON THIS REC		FIDAVIT OF	Ce H. Grahammedical Certificati	which go above containing if lying ca part in. 19. WAS AUTOPSY PERFORMED? YES NO DESTRUCTION OF INJURY a.m. p.m. 20d. INJURY occurred while at WORK NOT WH	we rise to ause (a), he under- nuse last. DUE TO (a) OTHER SIGNIFICANT C disease condition given in the under- nuse last. DUE TO (a) Annuh, Day, Year D 20e. PLACE farm, (a) ORK (a) asset from (b) C (Dec. (c)	ONDITIONS CO in PART I (a) E HOMICIDE OF INJURY (a.g. fectory, street, of the part of th	20b. DESCRIBE HOW 20b. DESCRIBE HOW 1,, in or about home, frice bldg., etc.) 3,, to 4 Of CEMETERY OR CRE	W INJURY OCCURRED. NOT. CITY, TOWN, OR A data stated above, as 22b. ADDRESS MATORY	LOCATION last saw her and to the best	of injury in	COUNTY COUNTY COUNTY	No Unknow I of item 18.} STATE
1264-0 13 NO888	AMENDMENTS ON THIS REC		AVIT OF	Ce H. Grahammedical Certificati	which go above containing filling cale above containing filling cale and the second containing cale and the second containing cale and the second cale and c	Month, Day, Year Month, Day, Year Description Month, Day, Year Description According from Description	ONDITIONS CO in PART I (a) E HOMICIDE OF INJURY (a.g. fectory, street, of the part of th	20b. DESCRIBE HOW 20b. DESCRIBE	W INJURY OCCURRED. OF CITY, TOWN, OR and a stated above, as 22b. ADDRESS 5/8 Cr	LOCATION Locati	of injury in	COUNTY COUNTY COUNTY	No Unknow I of item 18.} STATE

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATEMENT BY LICENSED EMBALMER

or by	 -	, Student Embalmer No
working under my personal supe	rvision.	
StudentSignature of Stude	lent Embalmer	Signed Signed
		P. O. Address Ork Surve M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

, If this body is not embalmed, fact should be so stated above.